

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/15/2005
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2005
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on February 9, 2005.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00007113 alleged that the facility failed to:</p> <ol style="list-style-type: none"> 1. Provide adequate personal hygiene and toileting, 2. Promptly answer call lights, 3. Prevent weight loss, and 4. Failed to prevent abuse. <p>The investigation failed substantiate and find deficiencies related to the allegations cited above. A deficiency was determined for an unrelated issue. See Tag F 309.</p>	F 000	<p>This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Hearthstone agrees with the allegations and citations listed on this statement of deficiencies. Hearthstone maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Hearthstone's written credible allegation of compliance.</p> <p>By submitting this plan of correction, Hearthstone does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Hearthstone reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.</p>		
F 309 SS=D	<p>483.25 QUALITY OF CARE</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>Use F309 for quality of care deficiencies not covered by s483.25(a)-(m).</p>	F 309	<p>F 309</p> <p>This resident was discharged to St. Mary's Hospital on 1/29/05.</p> <p>Any resident with diarrhea for more than 24 hrs. will be assessed, physician/ family notification, and orders followed through. Infection control nurse will review all telephone orders daily, to identify any resident with diarrhea.</p>		

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FEB 25 2005

BUREAU OF LICENSURE AND CERTIFICATION
SPARKS, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, it was determined that for 1 of 1 residents the facility failed to administer medication as ordered.</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted from an acute care facility on 1/7/05. The resident's diagnoses included diabetes, osteomyelitis, hypertension, peripheral vascular disease, and chronic obstructive pulmonary disease. The resident was admitted for extended rehabilitation and IV antibiotics. The admission orders included Lomotil two tablets, four times a day as needed after each loose stool. Review of the Activities of Daily Living (ADL) Flow Sheet revealed that the resident had loose stools on 1/9, 1/10, 1/16, 1/18 through 1/21, and 1/25 through 1/28/05. Review of the Medication Administration Record (MAR) revealed that the Lomotil was administered on 1/9, 1/27, 1/28, and 1/29/05. On 1/27/05 the advanced nurse practitioner (APN) noted on her progress notes that the resident had loose stools, but had not received any Lomotil lately. She indicated that the nurses were reminded to give the Lomotil. On 1/28/05 the APN wrote in her progress note that the resident again had diarrhea, but not had yet been given any Lomotil. The documentation on the MAR indicated that the medication was given at 8:45 PM on 1/28/05. The documentation on the ADL flow sheet noted that on 1/28/05, the resident had loose stools during the day and evening shifts.</p>	F 309	<p>For those residents identified, the infection control nurse will review all telephone orders daily, to identify any resident with diarrhea.</p> <p>For those residents identified, the infection control nurse will perform random audit of the Medication Administration Records to ensure physician orders are followed. The pharmacist consultant will give an inservice on physician orders and medication administration.</p> <p>The infection control nurse will track and trend GI upsets monthly; with review during Performance Improvement Committee meeting</p>		3/6/05

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